

To: THE MANAGER
Institution # _____ Branch Transit # _____

U.S. Social Security Administration
Office of International Operations
P.O. Box 1756
Baltimore, MD 21235-1756 U.S.A.

Re: **NOTICE OF RECLAMATION-**
Canada Pmt. Made in CAD

BENEFICIARY INFORMATION		PAYMENT INFORMATION			
Beneficiary's Name		Payment Date	Amount Original (US\$)	Amount paid in CA\$	Trace Number, Original Payment
U.S. Social Security Number & BIC					
Depositor's Account Number With You					
Company Entry Description SOC SEC					
Date of Death-MM/DD/YY:					
Institution #	Branch Transit #				

This is to notify you of the death of a United States Social Security beneficiary whose benefits were paid to your institution via electronic funds transfer. Payments made after the month of death are not due the deceased. Please return the payment(s) described below **as a return item, via remittance with the reference information to the address listed below.**

Payment must be payable to The Bank of Nova Scotia and must be in the form of bank draft drawn on the remitting bank, money order, or certified cheque. Payment made through other instruments will be returned. In order to ensure that funds are applied to the correct deceased beneficiary's account, it is essential that you quote the US Social Security Number (SSN) and send settlement to:

Bank: The Bank of Nova Scotia, 95042
Shared Services, Non Branch Centralized Accounting Unit
888 Birchmount – 4th Floor
Scarborough, Ontario, M1K 5L1

Bank Number: 0002 **Transit Number:** 95042

For Credit To: BNS Cdn Gateway reclaims account – CA\$

Account #: 950420001112

If funds are no longer available in the depositor's account, we would appreciate any attempt you can make to contact the executor of the estate, or the next of kin, for a refund. For our records, please complete the attached information sheet and return to the address above. Should you have any questions regarding the return of payment or if you are unable to comply with this request, please call the undersigned. Thank you.

Regards,

<u>Signature of SSA Official</u>	<u>Print Name</u>	<u>Date</u>
<u>Telephone Number</u>	<u>Fax Number</u>	